



AFFIDAVIT IN SUPPORT OF EMPLOYEE'S REQUEST FOR SPEEDY CONFERENCE BECAUSE OF HARDSHIP

1. INFORMATION ON EMPLOYEE'S CLAIM

Employee's Name: _____ Social Security #: _____
 Employee's Address: _____ Employee's Telephone #: _____

 DIA Board #: _____ DIA Region: _____
 Date of Injury: _____ Employer: _____
 Workers' Comp. Insurer: _____

2. INFORMATION ON EMPLOYEE'S HOUSEHOLD

A. Names and ages of minor children living with you:

1. _____; 2. _____; 3. _____;
 4. _____; 5. _____; 6. _____;

B. Names of persons over 18 who live with you and who are currently financially dependent on you;

1. _____; 2. _____; 3. _____;

C. Check all applicable boxes - *I live with my*: ☐ Spouse ☐ Parents ☐ Other _____

3. CURRENT GROSS WEEKLY INCOME FROM ALL SOURCES:

	You	Spouse	Other Source
A. Workers' Compensation	\$ _____	\$ _____	\$ _____
B. Unemployment Insurance	\$ _____	\$ _____	\$ _____
C. Private Disability Insurance	\$ _____	\$ _____	\$ _____
D. Public Assistance (Welfare, AFDC Payments etc.)	\$ _____	\$ _____	\$ _____
E. Food Stamps (Gross Value of Weekly Allotment)	\$ _____	\$ _____	\$ _____
F. Social Security	\$ _____	\$ _____	\$ _____
G. Dividends	\$ _____	\$ _____	\$ _____
H. Income from Trusts and Annuities	\$ _____	\$ _____	\$ _____
I. Pensions and Retirement Funds	\$ _____	\$ _____	\$ _____
J. Alimony and/or Child Support	\$ _____	\$ _____	\$ _____
K. Contribution/Income from other sources	\$ _____	\$ _____	\$ _____
L. All other income not set forth above	\$ _____	\$ _____	\$ _____
M. TOTAL GROSS WEEKLY INCOME (add A thru L)	\$ _____	\$ _____	\$ _____

*Disclosing Social Security Number is voluntary. It will assist in the processing of your request.

4. CURRENT WEEKLY EXPENSES:

A. Rent or Mortgage (Principal, Interest & Taxes) \$ _____
B. Home Owner's or Tenant's Insurance \$ _____
C. Maintenance and Repair of Dwelling \$ _____
D. Heat \$ _____
E. Electricity \$ _____
F. Telephone \$ _____
G. Water/Sewer \$ _____
H. Food \$ _____
I. Clothing \$ _____
J. Life and Health Insurance Premiums \$ _____
K. Court Judgment on which you pay regular amount \$ _____
L. Auto Insurance \$ _____
M. Auto Payment \$ _____
N. Child Care \$ _____
O. Credit Cards \$ _____
P. Other (explain) _____ \$ _____

TOTAL WEEKLY EXPENSES \$ _____

5. PERSONAL PROPERTY/LIQUID ASSETS

A. IRA, Keogh \$ _____
B. Stocks, Bonds \$ _____
C. Life Insurance: Present Cash Value \$ _____
D. Savings & Checking Accounts, Money Markets, CD's \$ _____
E. Automobiles
1. Fair Market Value \$ _____ - Loan \$ _____ = Equity \$ _____
2. Fair Market Value \$ _____ - Loan \$ _____ = Equity \$ _____
F. Other Personal Property \$ _____

TOTAL PERSONAL PROPERTY/LIQUID ASSETS \$ _____

I HEREBY CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

Signed: _____

Date (mm/dd/yyyy): _____